MONTANA
Department of Public Health & Human Services

January 24, 2007
Montana Medicaid Notice
Hospice Providers

Revised Rate Increase

Effective January 2, 2007, Continuous Home Care is to be reported in 15-minute units instead of hourly. The rates are the same as October 1, 2006, except for the change in unit.

Hospice Rates							
Montana						Rates	
Rev Code	Description	Wage	Index	Indexed	Unweighted	Daily	15 min
651	Routine Home Care	$ 89.98	0.9318	$ 83.84	$ 40.98	**$ 124.82**	
652	Continuous Home Care	$ 524.71	0.9318	$ 488.92	$ 238.95	**$ 727.87**	**$ 7.58**
655	Inpatient Respite Care	$ 77.09	0.9318	$ 71.83	$ 65.33	**$ 137.16**	
656	General Inpatient Care	$ 372.42	0.9318	$ 347.02	$ 209.40	**$ 556.42**	
659	Nursing Facility (Room and Board)	Medicaid Nursing Facility Rate					
Billings/Yellowstone County						Rates	
Rev Code	Description	Wage	Index	Indexed	Unweighted	Daily	15 min
651	Routine Home Care	$ 89.98	0.9394	$ 84.53	$ 40.98	**$ 125.51**	
652	Continuous Home Care	$ 524.71	0.9394	$ 492.91	$ 238.95	**$ 731.86**	**$ 7.62**
655	Inpatient Respite Care	$ 77.09	0.9394	$ 72.42	$ 65.33	**$ 137.75**	
656	General Inpatient Care	$ 372.42	0.9394	$ 349.85	$ 209.40	**$ 559.25**	
659	Nursing Facility (Room and Board)	Medicaid Nursing Facility Rate					
Great Falls/Cascade County						Rates	
Rev Code	Description	Wage	Index	Indexed	Unweighted	Daily	15 min
651	Routine Home Care	$ 89.98	0.9626	$ 86.61	$ 40.98	**$ 127.59**	
652	Continuous Home Care	$ 524.71	0.9626	$ 505.09	$ 238.95	**$ 744.04**	**$ 7.75**
655	Inpatient Respite Care	$ 77.09	0.9626	$ 74.21	$ 65.33	**$ 139.54**	
656	General Inpatient Care	$ 372.42	0.9626	$ 358.49	$ 209.40	**$ 67.89**	
659	Nursing Facility (Room and Board)	Medicaid Nursing Facility Rate					
Missoula/Missoula County						Rates	
Rev Code	Description	Wage	Index	Indexed	Unweighted	Daily	15 min
651	Routine Home Care	$ 89.98	1.0074	$ 90.65	$ 40.98	**$ 131.63**	
652	Continuous Home Care	$ 524.71	1.0074	$ 528.59	$ 238.95	**$ 767.54**	**$ 8.00**
655	Inpatient Respite Care	$ 77.09	1.0074	$ 77.66	$ 65.33	**$ 142.99**	
656	General Inpatient Care	$ 372.42	1.0074	$ 375.18	$ 209.40	**$ 584.58**	
659	Nursing Facility (Room and Board)	Medicaid Nursing Facility Rate					

Hospice Rates (continued)							
Carbon County						Rates	
Rev Code	Description	Wage	Index	Indexed	Unweighted	Daily	15 min
651	Routine Home Care	$ 89.98	0.9394	$ 84.53	$ 40.98	**$ 125.51**	
652	Continuous Home Care	$ 524.71	0.9394	$ 492.91	$ 238.95	**$ 731.86**	**$ 7.62**
655	Inpatient Respite Care	$ 77.09	0.9394	$ 72.42	$ 65.33	**$ 137.75**	
656	General Inpatient Care	$ 372.42	0.9394	$ 349.85	$ 209.40	**$ 559.25**	
659	Nursing Facility (Room and Board)	Medicaid Nursing Facility Rate					

Contact Information

For claims questions or additional information, contact Annette Marron, Senior and Long Term Care Division, at (406) 444-4142 or Provider Relations:

Provider Relations toll-free in- and out-of-state: 1-800-624-3958
Helena: (406) 442-1837

Visit the Provider Information website:

http://www.mtmedicaid.org